



City of Cincinnati Board of Health Finance Committee

Tuesday, January 21, 2020

Room 324

Ms. Schroder, Chair of the Board Finance Committee, called the January 21, 2020 Finance Committee meeting to order at 3:30 PM.

Roll Call

Members present: Kate Schroder, chair, Amar Bhati, Robert Brown, Dominic Hopson.

Topic	Discussion	Action/Motion
Approval of Minutes	<p>The Committee Chair asked the Committee members if everyone had the opportunity to review the minutes from the last meeting.</p> <p><u>Motion:</u> That the Board of Health (BOH) Finance Committee approve the minutes of the November 19, 2019 Board of Health Finance Committee Meeting.</p>	<p><u>Motion: Schroder</u> <u>Second: Bhati</u> <u>Action: Passed</u></p>
Housekeeping	<p>Mr. Jon Lawniczak stated that while the Committee members needed to be aware of the ethical guidelines for them as Committee members such as recusal requirements, etc., he said the main thing they needed to be aware of, now that we have established that four members constitute a quorum, that four Committee members cannot communicate together in any fashion – in person, via phone, text, or any other method – without it being considered a meeting of the Committee and to be mindful of that.</p> <p>The Chair and Mr. Brown had a discussion regarding attendance expectations. Mr. Lawniczak stated that he would send them the BOH by-law section dealing with attendance and the attendance records of the past six months.</p> <p>The Chair stated that any contracts above \$15,000 needs to be reviewed and forwarded to the BOH for their approval. Contracts below that level are reviewed for informational purposes. All grants and leases – regardless of value – require the approval of the BOH.</p>	
Review of Contracts for	<p>The Chair began the review of the contracts that will go to the BOH for approval.</p>	

<p>January 28, 2020 BOH Meeting</p>	<p>iHeartMedia Markets Group Cincinnati – This accounts payable agreement is to promote our Reproductive Health and Wellness Program (RHWP) for hard to reach and vulnerable populations via two radio stations owned and operated by iHeartMedia Markets Group. The messages will be calls to action for potential and current clients to use CHD services and programs in the reproductive health and wellness areas. Messages will promote our sliding scale accessibility, health centers, testing services and family planning. The target demographic is men, women and teens. Both radio stations WKFS/Beat target our intended audiences. The contract term is from January 27, 2020 to June 30, 2020. The dollar amount is \$20,000.</p> <p>Mr. Dominic Hopson walked through the contract and responded to questions from the Committee. The funding for this comes from the reproductive health grant CHD receives. We received additional funding – that was approved by the BOH – to develop an education/marketing program for the reproductive health services we provide. Dr. Bhati asked if this contract was specifically for the ad buy, not to provide additional services? Mr. Hopson stated that yes, this is for the marketing campaign. He believes that while the originator of the grant funding is the federal government, CHD receives the funding through the state. The Chair requested that whenever possible, the funding source for grants be noted in the background information provided in addition to clarifying if activities are new or a continuation of past efforts. Dr. Bhati asked for more detail on the ad buy itself, how many times it will run, timing, and frequency.</p> <p><u>Motion:</u> That the Board of Health Finance Committee recommend approval with the additional clarifications.</p> <p>Mr. Brown asked if the Infant Vitality Surveillance Network (IVSN) still existed? It was an aggressive program to identify and engage young mothers. Dr. Bhati asked if Cradle Cincinnati was doing some of this work? Was the IVSN successful? Mr. Brown stated it was, along with the University of Cincinnati (UC), we met or exceeded three of CDC's 2020 healthy people goals for maternal and infant health – fetal mortality, sudden unintended infant deaths, and preterm birth. Dr. Bhati stated it might be worth talking with Cradle Cincinnati to see if they picked it up.</p> <p>The Chair and committee requested a staff update on this, including the First Steps program and status of the Maternal and Infant Home Health program. Dr. Bhati requested inclusion of Cradle Cincinnati's work. Request access to data especially in areas where we were successful. Mr. Hopson stated that CHD's budget request will include adding two new nurses to the Maternal and Infant Home Health program.</p> <p>Dr. Bhati stated that part of problem not enough referrals. Mr. Brown stated that UC was a source of referral. Good Samaritan Hospital was</p>	<p><u>Motion: Schroder</u> <u>Second: Brown</u> <u>Action: Passed</u></p>
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	<p>not. Good Sam has the majority of deliveries. The Chair stated that the Committee would like an update on the progress related to infant mortality at one of the upcoming Board meetings – either BOH or CCPC. And the Committee wants to get an understanding regarding the current status of charges and reimbursement for Maternal and Infant Home Health.</p> <p>Hamilton County Mental Health and Recovery Services Board (HCMHRSB) – This lease agreement is to avail additional parking spaces for visitors, and employees of the Cincinnati Health Department (3101 Burnet Avenue site). This contract began with CHD leasing 20 spaces in 2016 and 2017. In 2018, CHD relocated some programs and began only leasing 10 spaces at the closest available parking lot which is across the street at the Substance Abuse Management and Development (ADAS) building at 3009 Burnet Ave. The contract amendment term is from January 1, 2020 to December 31, 2020. The dollar amount is \$6,600.</p> <p>Mr. Hopson walked through the agreement and answered questions from the Committee. CHD is relocating the administrative offices of the school-based health centers (SBHC) from Price Hill to the CHD headquarters building. Parking is a challenge there. The additional spaces are for staff to park. The move is set for Thursday or Friday of next week. Mr. Brown asked about future real estate plans and committee discussed importance of understanding patient needs and locations as part of considering any real estate decisions in the future.</p> <p><u>Motion:</u> That the Board of Health Finance Committee recommend this lease to the Board of Health.</p> <p>Greater Cincinnati Behavioral Health (GCBHS) – This accounts payable contract amendment has GCBHS providing behavioral health care services to the Health Department for adult patients. The proposed scope of services includes GCBHS providing Licensed Independent Social Workers (LISWs) with extensive experience in behavioral health issues. The LISWs will consult with Health Department physicians, nurse practitioners, and the Behavioral Health Program Manager to provide integrated primary health care for adult patients. The Health Department possesses the flexibility to increase, decrease, and/or “pro re nata” (pro re nata/PRN meaning as needed). The amended term is from April 2, 2020 to March 31, 2020. The dollar amount is up to \$100,000.</p> <p>Mr. Hopson walked through the agreement and answered questions from the Committee. CHD now has three licensed behavioral therapists on staff and is in the process of adding one more. This has caused us to review the best approach. Often, we have patients that need a brief intervention in order to be stabilized. If additional treatment is thought necessary, these patients are then referred to our employees. The brief interventions often take place in less than</p>	<p><u>Motion: Schroder</u> <u>Second: Brown</u> <u>Action: Passed</u></p>
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	<p>Mr. Hopson walked through the contract and answered questions from the Committee. This amendment to the CSH base consulting agreement is to aid in CHD's upcoming audit. Ms. Li Liu stated that one thing CSH is doing is documenting current policies. The Chair asked what is the amount of the contract? Mr. Hopson stated that the current agreement provides for \$115,000 annually for "regular service." The \$38,300 is for additional/different services relating to preparing CHD for the audit. There is no term as this is a one-time thing. The Chair asked that the summary be clarified – it should be explained that the contract of \$115,000 per year continues and that the \$38,000 is for a new bundle of services.</p> <p><u>Motion:</u> That the Board of Health Finance Committee recommend this contract to the Board of Health provided the contract sheet include the clarification requested by the Committee.</p>	<p><u>Motion: Schroder</u> <u>Second: Brown</u> <u>Action: Passed</u></p>
Report on CCM Pilot	<p>Mr. Dominic Hopson reported on the Chronic Care Management pilot. Mr. Hopson stated that prior to instituting new/pilot programs, we need to go back and standardize our processes. Currently, CHD processes are often different at each Community Based Health Center and even different within a center. The team is working to address this. The Nursing Director has developed a care management training program. Also, we have more nurses on staff than many other FQHCs and many of our nurses are doing the work that medical assistants (MAs) should be doing. In addition, the providers and staff needed more information about the value of the program since they were initially focused on the fact that patients were going to be charged a copay for something the staff felt we should be doing anyway (without an additional charge). Now they are seeing the value of the approach. There are some human resource concerns in terms of having an RN employee focus solely on care management that have inhibited the start of the pilot. Mr. Hopson is requesting that the report be given later.</p> <p>Dr. Bhati asked how much time is needed? Mr. Hopson stated that there is a 15-day lag for billings. If the program were live in February, we could bring back some data in April, but it would only be one month's worth of data. Mr. Brown asked if we are still comparing this to Ohio Comprehensive Primary Care (CPC)? Mr. Hopson replied that since the pilot program is for Medicare patients and Ohio CPC is Medicaid, the answer is no.</p> <p>Dr Bhati stated that his understanding was that the CCM pilot was intended to coincide with the Phamily pilot so that we could compare apples to apples and make a determination based on those outcomes. The Chair stated that if CHD does not have the capacity internally, perhaps outside software may help. She requested a clear timeline for making the decision. Mr. Brown pointed out that Medicare makes up a very small percentage of our payment mix: less than four percent. Mr. Hopson stated that care management is a service CHD</p>	

	<p>needs to provide; that CHD has been paid to provide care management by CPC for years.</p> <p>Dr. Bhati reiterated that the Committee needs a timeline and to know how long is it going to take.</p> <p>The Chair requested that Mr. Hopson and Commissioner Moore report at the next meeting with a proposed timeline for finalizing the decision.</p>	
Financial Update	<p>Mr. Dominic Hopson presented the financial update utilizing the handouts contained in the Committee packets. The main question is: is this format what you're looking for? The data is presented at a very high level, month to month, by fiscal year.</p> <p>Ms. Angelina Burton said there are two funds appropriated by the City, so it may be beneficial to break out fund 395 and fund 416 from other sources. Mr. Hopson stated that we have been working to find the best way to provide this data to the Finance Committee. Previously, we had been providing too much data – it was difficult to see the big picture. The Chair stated that the way the data is presented in the new format is much more helpful. However, the staff should be prepared to discuss key takeaways. Is it possible to pull out 395 and 416? The BOH will look at where the biggest changes are and ask why. Mr. Hopson said that grant years are different than fiscal years. For the next meeting, he will work with Ms. Burton and add bullet points explain the reasoning for significant changes and work with the team to decide how Ms. Burton's recommendations can be placed into the dashboard.</p> <p>Mr. Hopson said that days in accounts receivable went down six days and that he hopes we continue this trend. If we exclude self-pays, AR goes down to 32 days. We are also thinking about how to collect revenue. Currently, the only way patients can pay is in person at the health center. We need to accept on-line payments, etc. As soon as we initialize this system, we will write off money from self-pay patients. Commercial reimbursement going well.</p>	
Review Action Items	<p><i>Report on CCM pilot including what was billed and recouped from Medicare</i></p> <p><i>Status: develop timeline.</i></p>	

Meeting Adjourned 5:26 p.m.
Next Meeting February 18, 2020 at 3:30 p.m. in room 324
Minutes prepared by Jon Lawniczak